

# Purchase Voucher



Agency: 529

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01203820

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1742757919/2/000

Payee Name / Address:

THE HEIDI GROUP  
PO BOX 2050  
ROUND ROCK,TX 786802050

Freight Amount: \$0.00

Gross Amount (Includes Frt.): \$50,474.32

Discount Amt Taken: \$0.00

Payment Amount: \$50,474.32

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT			
1	0000096282	0		529-16-0132-00006	529-16-0132-00006 (Contract 529-16-0132-00006 Te)	\$50,474.32			
ShipTo ID	Non-HHSAS Cntrct ID				Invoice DT: 07/15/16 Req'd Pay DT: 04/06/17 Inv Rec'd DT: 03/29/17 Pay Due DT: 04/28/17 Service DT: 02/28/17 P O DT: 09/01/16				
1326	Contract #	Wkfc	Org PmtDt	IC	RC				
	529-16-0132-00006	N							
1.1	Account	Entry Event	Fund	Dept.	Program	Class	Budget Ref	Pri/Grant	Amount
	762300		0001	MHTWG	1011P	03150	2017	GR	\$50,474.32
	Open Item Key:						Conf:N		Certified Amt: 0.00

Descriptive Legal Text (DLT Comments):

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

APR 03 2017

04/03/2017

Approved By	Approver Phone(Area+Number)	Date Approved	DateEntered into HHSAS
			Kulkarni,Anjali Narayan
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name		Contact Phone(Area+Number)	

01203820

**PURCHASE VOUCHER**

(Shaded areas not used by Agency 529)

Page 1 of 1

1. Agency reference number	2. Agency number <b>529</b>	3. Agency name <b>Health &amp; Human Services Commission</b>	4. Current document number						
5. Effective date	6. Contract date	7. End date	8. Doc agency <b>529</b>						
9. Texas Identification number <b>17427579192000</b>		10. PDT	11. PO# <b>0000096282</b>	12. Purchase Order number <b>0000096282</b>	13. Document amount <b>\$50,474.32</b>				
14. Payee name / address <b>The Heidi Group PO Box 2050 Round Rock, TX 78680-2050</b>				15. EST Order number	17. AGENCY USE				
18 <b>SFX</b> 001	19. COB# APPX	20. Fund FUND	21. Proj/Grp/Ref Proj/Grp/Ref	22. FY FY	23. COBJ COBJ	24. AGEN# AGEN#	25. Amount <b>7623</b>		
DeptID/Speedchart <b>MHTWG</b>				Invoice date			Invoice number / Account Number	Invoice Received Date	
							Requested Payment Date	Interest Control	Reason Code
							3 days		
18 <b>SFX</b> 001	19. COB# APPX	20. Fund FUND	21. Proj/Grp/Ref Proj/Grp/Ref	22. FY FY	23. COBJ COBJ	24. AGEN# AGEN#	25. Amount		
DeptID/Speedchart				Invoice date			Invoice number / Account Number	Invoice Received Date	
							Requested Payment Date	Interest Control	Reason Code
18 <b>SFX</b> 001	19. COB# APPX	20. Fund FUND	21. Proj/Grp/Ref Proj/Grp/Ref	22. FY FY	23. COBJ COBJ	24. AGEN# AGEN#	25. Amount		
DeptID/Speedchart				Invoice date			Invoice number / Account Number	Invoice Received Date	
							Requested Payment Date	Interest Control	Reason Code
19. SERVICE / DEL DATE		20. DESCRIPTION OF GOODS OR SERVICES				21. QUANTITY	22. UNIT PRICE	23. AMOUNT	
February 2017		Reimbursement for services as specified in the contract between Health and Human Services Commission and The Heidi Group  Program: Healthy Texas Women Contract Term: July 15, 2016 thru August 31, 2017 HHSC Doc # 529-16-0132-00006 Type of Entity:non profit corporation						<b>50,474.32</b>	
							<b>RECEIVED</b> <b>MAR 29 2017</b> <b>HHSC Accounting Ctr</b> <i>JB</i>		
24. VENDOR CERTIFICATION					Phone (Area code and number)		25. Entered by		
Vendor Contact Name <b>Carol Everett</b>					Phone (Area code and number) <b>512-255-2088</b>				
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The Invoices for the goods and services are correct. This payment complies with the General Appropriations Act.									
Agency contact/preparer <b>SIGN HERE</b>				Printed Name			Phone (Area code and number)		
Agency Approver <b>SIGN HERE</b>				Printed Name <b>Kim Relph</b>			Phone (Area code and number) <b>512-776-6443</b>		

**Texas Health and Human Services Commission**  
**Form B-13H**

Agency Name: The Heidi Group

<b>Supporting Schedule for Healthy Texas Women Reimbursement Vouchers</b>			
	<b>Column A</b>	<b>Column B</b>	<b>Column C</b>
<b>1</b>	<b>Total Allowable HTW Cumulative Expenses Incurred:</b> "B"=Date-Month and year expenses incurred through "C"=Amount of cumulative HTW eligible client services expenses (Value of in-kind contributions should only be reported on line 15)	<b>February 2017</b>	<b>601,586.22</b>
<b>2</b>	<b>Program Income (Cumulative):</b>		
<b>3</b>	<b>HTW Fee-For-Service Reimbursements from TMHP</b>	<b>112,680.62</b>	
<b>4*</b>	<b>Sub Total - Program Income →→→→</b>		<b>112,680.62</b>
<b>5*</b>	<b>Gross Cumulative HTW Reimbursable Expenses</b>		<b>488,905.60</b>
<b>6</b>	<b>Total Award Amount of the HTW Categorical Contract</b>	<b>1,649,531.00</b>	
<b>7*</b>	<b>Non HHSC Funding Expended – If Column C Line 5 is greater than Column B Line 6, then C5 - B6 = C7. Otherwise, Column C Line 7 will be zero.</b>		<b>0.00</b>
<b>8*</b>	<b>Net Cumulative HTW Reimbursable Expenses</b>		<b>488,905.60</b>
<b>9</b>	<b>Less: Gross Reimbursements Requests Previously Submitted to HHSC (Cumulative)</b>		<b>438,431.28</b>
<b>10*</b>	<b>Gross Reimbursement Requested this Voucher</b>		<b>50,474.32</b>
<b>11</b>	<b>Less: Refunds or Other Adjustments (if any)</b>		<b>0.00</b>
<b>12*</b>	<b>Net Reimbursement Requested this Voucher</b> (Negative amount at end of contract term indicates a refund to HHSC)		<b>\$50,474.32</b>
<b>13*</b>	<b>Total Cumulative Non HHSC Funding Expended (This amount must be the same as the Cumulative Non-HHSC Funding on the Quarterly FSR).</b>		<b>0.00</b>

\* = Indicates a built in calculation. Do not change formulas.

I certify that to the best of my knowledge and belief that the information contained in this report is correct and complete.

Signature of Authorized Certifying Official (signature not necessary for HTW program)	2/22/2017
Carol Everett	512-255-2088

*This completed form must be submitted with each reimbursement voucher (Form B-13) and Quarterly Financial Status Report*

# Health & Human Services Commission

## Purchase Order CHANGE ORDER

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	52900-6-0000092682
Net 30	FOB Dest. Prepaid & All BEST WAY		Date	Revision
If advertised by informal bid, Invitation for Offer, or Request for Proposal, all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.				Page
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				1 - 07/20/2016 1

Vendor: 1362166948  
 American Public Human Services Assn  
 810 1ST ST NE STE 500  
 WASHINGTON DC 20002-4207

Bill To: Invoice-HHSC Accounting  
 HEALTH & HUMAN SERVICES COMMISSION  
 4900 N Lamar Blvd  
 Austin TX 78751  
 United States  
 Phone: 512-424-6518  
 Fax: 512-424-6901  
 Email: HHSC\_AP@hhsc.state.tx.us

Line-Sch	Inventory Item ID - Line Description	Class-Item	Purchaser:	Schmidt,Margaret Ruth (E)	512-406-2503
			Quantity UOM	PO Price	Extended Amt Due Date

EX/0

Registration for Wayne Saller and Todd Byrnew and Cheryle Thompson

TGC Section 656.044 Training and Education  
 Goods and/or services are to be delivered and invoiced after September 1, 2015.

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature.

The attached HHSC Terms and Conditions apply to this PO.

HHSC or the agency does not commit to ordering specific quantities of services/goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those services actually ordered and received by the agency. Any funds not utilized by 8/31/16 are automatically cancelled.

Fiscal Year 2016 Services. No Renewals  
 Confirmation Order/ Do Not Duplicate

HHSC Purchasing Contact: Margaret Schmidt  
 Phone #: 512-406-2503 Fax #: 512-406-2686  
 EMAIL: margaret.schmidt@hhsc.state.tx.us

AGENCY CONTACT: Melissa Moore Email: Melissa.moore@hhsc.state.tx.us  
 PHONE: 512-206-5165

VENDOR CONTACT: R Washington or B Donald  
 Email: rwashington@aphsa.org  
 bdonald@aphsa.org

1- 1	Registration for the upcoming NAPIPM Conference in Reno, Nevada on August 8-11, 2016. Wayne Salter	963-37	1.00 EA	550.00000	550.00	07/18/2016
			Schedule Total		<u>550.00</u>	
			Item Total for Line	1	<u>550.00</u>	
2- 1	Registration for the upcoming NAPIPM Conference in Reno, Nevada on August 8-11, 2016 Todd Byrnes	963-37	1.00 EA	550.00000	550.00	07/18/2016
			Schedule Total		<u>550.00</u>	

# Health & Human Services Commission

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Page 2

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 810 1ST ST NE STE 500  
 WASHINGTON DC 20002-4207

BILL To: Invoice-HHSC Accounting  
 HEALTH & HUMAN SERVICES COMMISSION  
 4900 N Lamar Blvd  
 Austin TX 78751  
 United States  
 Phone: 512-424-6518  
 Fax: 512-424-6901  
 Email: HHSC\_AP@hhsc.state.tx.us

Line-Sch	Inventory Item ID - Line Description	Class-Item	Purchaser:	Schmidt,Margaret Ruth (E)	512-406-2503
			Quantity UOM	PO Price	Extended Amt Due Date
			Item Total for Line	2	550.00
3- 1	Registration for the upcoming NAPIPM Conference in Reno, Nevada on August 8-11, 2016. Cheryle Thompson	963-37	1.00 EA	550.00000	550.00 07/18/2016
			Schedule Total		550.00
			Item Total for Line	3	550.00
			Total PO Amount		1,650.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

**Banda,Joe (HHSC)**

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**From:** Relph,Kim H (HHSC)  
**Sent:** Wednesday, March 29, 2017 11:56 AM  
**To:** HHSC AP  
**Subject:** Voucher Approval - HTW - Heidi Group 022017  
**Attachments:** February 2017 B-13H HHSC (4).xls; February 2017 HHSC Purchase Voucher FY17 - HTW 4116 (1).xlsx

This voucher is coded and approved for encumbered payment. Thank you.

*Kim Relph, Contract Specialist*  
Health & Human Services, Austin TX  
Medical & Social Services Division  
Health, Developmental & Independence Services  
Family & Social Svcs/Women's Hlth & Education Svcs  
Mail Code 1326 - Morton Building, M-383  
phone: 512-776-6443

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**From:** HTW Billing [mailto:[htwbilling@heidigroup.org](mailto:htwbilling@heidigroup.org)]  
**Sent:** Tuesday, March 28, 2017 1:51 PM  
**To:** Relph,Kim H (HHSC) <[Kim.Relph@hhsc.state.tx.us](mailto:Kim.Relph@hhsc.state.tx.us)>  
**Subject:** HTW February Voucher

Good Afternoon!

Attached is our current reimbursement voucher for The Heidi Group for the month of February.

There is an adjustment of \$5,159.85 reflected on the Form B-13H. It is an amount that was invoiced by The Heidi Group for one of our clinics for reimbursement for expenses. Since the clinic had not seen a sufficient number of patients at that time, the decision was made to withdraw the expense payment to them and credit said amount back to the State. See Line 11 for this adjustment.

Thank you!

Toni Moman  
The Heidi Group  
(512) 255-2088 |  
[www.heidigroup.org](http://www.heidigroup.org)